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"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE DEDICATION OF THE M'DOWELL MONUMENT.

The dedication of the monument to Dr. Ephraim McDowell took place in Danville on the evening of May 14th. The idea of a monument to the father of ovariectomy was conceived by the late Dr. John D. Jackson, of Danville, but its execution was due chiefly to the persistent exertions of his successor, Dr. Lewis McMurtry, who with Dr. Turner Anderson, of Louisville, formed the monumental committee appointed by the State Society. The first-named gentleman was chairman of the committee, which for the last three years has done most earnest work looking to the completion of the monument and its dedication at a meeting of the Society in Danville. Its labors have been rewarded in the erection of a handsome stone, the most successful meeting the State Society has ever held, and dedicatory exercises which from the interest of the occasion and the fame of its great orator will ever be historic.

The funds for the monument were subscribed by members of the medical profession of Kentucky, with the exception of one subscription, which was given by Dr. John Murphy, of Cincinnati, he claiming to be a brother-in-law of the state.

Dr. Washington Atlee, of Pennsylvania, had been chosen to deliver the address at the dedication, and at his death the chairman of the committee happily secured Dr. Samuel D. Gross to make the oration.

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The exercises were held in the Second Presbyterian Church of Danville. An immense concourse was assembled within its walls. Upon the stage, besides the orator and the officers of the Society, were the Governor and Secretary of State; Dr. Lewis Sayre, the president elect of the American Medical Association; Dr. Kimball, of Massachusetts, the ovariectomist; Dr. Gibney, Dr. D. W. Yandell, and Dr. L. P. Blackburn.

Dr. McMurtry introduced Dr. Gross as one who did not need an introduction to a Kentucky audience.

The delivery of Dr. Gross's oration consumed an hour and a quarter, and was listened to with profound attention. The address was admirable, full and exact upon every point, and can not but be regarded as among the most important works of its accomplished and painstaking author. The Society has provided for its immediate publication in a memorial volume of the exercises.

After Dr. Gross had finished, Dr. Sayre, of New York, was called on as the newly-elected President of the American Medical Association, and spoke as follows:

Dr. Sayre's Speech.

Mr. President and Gentlemen of the Medical Society of the State of Kentucky: No word from me can add a single laurel to the crown of the immortal McDowell, whose history and services to mankind have been so beautifully and truthfully portrayed by the distinguished orator of the evening—the Nestor of American surgery—Prof. Gross. In fact any remarks from me in my individual capacity would seem almost inappropriate. But in my official capacity, as President of the American Medical Association, it is my duty as well as my pleasure to bring to the monumental shrine the ovations of the en-

ture medical profession of these United States. And, sir, I venture here the prediction that in all time to come the intelligent surgeons, either in person or in thought, from every part of the civilized globe, will wander here to Danville to pay their respects and sense of obligation to the memory of Ephraim McDowell, who has contributed more to the alleviation of human suffering and the prolongation of human life than any other member of the medical profession in the nineteenth century. We can scarcely comprehend the greatness of this man's mind, and the truly wonderful genius of McDowell, until we stop to consider who he was, what he did, and when and where he did it. A village doctor in the back woods frontier, surrounded by Indians and the buffalo, almost beyond the bounds of civilization, with no books to refer to, with no precedent to guide, with no one to consult but his own unaided judgment, with no one to share the responsibility if unsuccessful, unaided and alone assumes the responsibility of removing a disease which up to that time had been considered absolutely incurable. Think for a moment what would have been the result of failure—a coroner's jury and a verdict of willful murder—which at that time would have been pronounced correct by the entire medical profession throughout the civilized globe. All this he dared and did assume, because his clear intellect had reasoned out his plan of procedure, and his careful dissection had pointed out to him the path to victory. And now every intelligent surgeon in the world is performing the operation as occasion requires, until at the present time, as Dr. Thomas has stated, forty thousand years have already been added to the sum of human life by this one discovery of Ephraim McDowell.

Another fact strikes me very forcibly, Mr. President, and that is, the heroic character of the woman who permitted this experimental operation to be performed upon her. The women of Kentucky in that period of her early history were heroic and courageous, accustomed to brave the dangers of the tomahawk and the scalping-knife, and had more self-reliance and true heroism than is generally found in the more refined society of city life; and hence the courage of Mrs. Crawford, who, conscious that death was inevitable from the disease with which she suffered, so soon as this village doctor explained to her his plan of affording her relief, and convinced her judgment that it was feasible, immediately replied, "Doctor, I am ready for the operation; please proceed at once and perform it."

All honor to Mrs. Crawford; let her name and that of Ephraim McDowell pass down in history together as the founders of ovariectomy.

Kentucky has many things to boast of—in climate, soil, and magnificent forests of oak, carpeted with her native bluegrass, far surpassing in beauty and

grandeur the most elegantly cultivated parks of England. She is famed for her beautiful and accomplished women; she is renowned for her statesmen, her orators, and her jurists—her Clays, her Johnsons, her Wickliffes, her Crittendens, her Marshalls, her Shelys, her Prestons, her Breckinridges, and a host of others; but no name will add more to the luster of her fame than the one whose name we this day commemorate by erecting this monument to Ephraim McDowell, the ovariectomist.

Following Dr. Sayre Dr. D. W. Yandell read some of the letters which had been received by Lewis McMurtry and himself in answer to invitations to be present at the dedication exercises. These letters were from Mr. Spencer Wells, Thomas Bryant, Knowlsey Thornton, from abroad, and Drs. Thomas, T. G. Richardson, Parvin, and Oliver Wendell Holmes, in this country. Dr. Richardson's letter was particularly full and interesting, and Dr. Holmes's was highly characteristic of that poet and wit.

The exercises closed with the presentation of McDowell's door-knocker to Dr. Gross. It was given in the name of the Society as a memento of McDowell and of the occasion which had brought Dr. Gross to Kentucky. Dr. R. O. Cowling had been appointed to make the presentation speech, which he did as follows:

Dr. Cowling's Address upon Presenting McDowell's Door-knocker to Dr. Gross.

Dr. Gross: The Kentucky State Medical Society thanks you for the beautiful oration you have just delivered on Ephraim McDowell. Surely hereafter, when history shall recall his deeds and dwell upon his memory, it shall relate how when he was fifty years at rest the greatest of living surgeons in America came upon a pilgrimage of a thousand miles to pronounce at his shrine the noble words you have spoken.

The Society does not wish that you should return to your home without some memento of the occasion which brought you here, and which shall tell you also of the admiration, the respect, and the affection it ever bears for you.

I have been appointed to deliver to you this simple gift, with the trust and the belief that it will always pleasantly recall this time and be a token of our feelings toward you. We wished to give you something directly connected with McDowell, and it occurred to us that this little memento of the dead surgeon would be most appropriate. It is only the knocker

which hung upon his door, but it carries much meaning with it.

The sweetest memories of our lives are woven about our domestic emblems. The hearthstone around which we have gathered, the chair in which our loved ones have sat, the cup their lips have kissed, the lute their hands have swept—what jewels can replace their value? Do you remember the enchantment that Douglas Jerrold wove about a hat-peg? How at the christening of the child they gave it great gifts of diamonds and pearls and laces; and when the fairy godmother came, and they expected that she would eclipse them all with the magnificence of her dowry, how she gave it simply a hat-peg? They wondered what good could come of that. The boy grew to be a man. In wild pursuits his riches were wasted, and at last he came home and hung his hat upon that peg; and while the goodman's hat was hanging there peace and plenty and order and affection sprang up in his home, and the hat-peg was indeed the talisman of his life.

I wish that the magician's wand were granted me awhile to weave a fitting legend around this door-knocker which comes from McDowell to you, Dr. Gross. There is much in the emblem. No one knows better than you how good and how great was the man of whom it speaks. It will tell of many summons upon mercy's mission which did not sound in vain. Ofttimes has it roused to action one whose deeds have filled the world with fame. A sentinel, it stood at the doorway of a happy and an honorable home, whose master, as he had bravely answered its signals to duty here below, so when the greater summons came he as trustfully answered that, and laid down a stainless life.

It belongs by right to you, Dr. Gross. This household genius passes most fittingly from the dearest of Kentucky's dead surgeons to the most beloved of her living sons in Medicine. She will ever claim you as her son, Dr. Gross, and will look with jealous eye upon those who would wean you from her dear affection.

And as this emblem which now is given to you hangs no longer upon a Kentucky doorway, by this token you shall know that all Kentucky doorways are open at your approach. By the relief your skill has wrought; by the griefs your great heart has healed; by the sunshine you have thrown across her thresholds; by the honor your fame has brought her; by the fountains of your wisdom at which your loving children within her borders have drunk, the people of Kentucky shall ever open to you their hearts and homes.

The address was received with sympathetic attention by the audience, who loudly cheered the sentiments of affection present-

ed by the speaker. Dr. Gross appeared much agitated by the words addressed to him, and made his reply as follows:

I am much overcome, gentlemen of the Kentucky State Medical Society, by this mark of your approbation. I am not the great man your speaker has declared me to be, but I gratefully appreciate the feelings that have prompted his words. I claim to be but an earnest follower of Surgery who, during a period which has now extended beyond half a century, has striven to the best of his ability to grasp its truths and to extend the beneficence of its offices. I am not to be placed by the side of McDowell for what I may have done in our art; but if this reward be a measure of the appreciation I hold for the goodwill of the people in this commonwealth, I may claim it for that.

The years of my life which I passed in Kentucky represent the most important era in my career. They witnessed many of its struggles and much of the fruition of its hopes. To the warm hearts of the many friends it was my good fortune to secure within these borders do I owe it that those struggles were cheered and rewards beyond my deserts were secured.

I take this emblem now offered me as the most valued gift of my life. It shall be received into my home as a household god, environed by all the memories of goodness and greatness to which your speaker has referred, and above all recalling this scene. Dying I shall bequeath it, among my most important possessions, to the family that I may leave, or in failure of that, to be preserved in the archives of some society.

I thank you again, gentlemen, and I wish I were able to tell you better how much I thank you.

Dr. Gross's remarks were greeted by thunders of applause, and, if it could so be said, he stirred deeper the affections of the people for him.

THE KENTUCKY STATE MEDICAL SOCIETY.

The meeting of the Kentucky State Medical Society, which took place at Danville last week, was by far the most successful one which the Society has ever held. More than two hundred doctors were present upon the occasion, representing the profession from widely-scattered points of the state, and including a number of visitors from points without.

The hotel accommodations were excellent,

and the hall for the meeting was perfect in its acoustic properties, and personal comfort was every where thoroughly secured. Very few of the committees appointed at the last meeting failed to report, and a mention of the papers read would be very much a repetition of the list presented in a previous number.

This was the first meeting held since the change of rule to elect the officers in open session in lieu of a nominating committee. We are of the opinion that it was nearly the last, for the plan proved very cumbersome. However, an admirable selection was made in choosing Dr. Dunlop, of Danville, for the presidency next year. Dr. Singleton, too, had a fitting recognition of his long services in being made senior vice-president. Dr. Todd, of Eminence, was chosen junior vice-president; and the publishing committee is to be composed of Drs. Rogers, Holloway, and McCormack. Dr. Letcher declined a re-nomination for the post of secretary, and the place of the faithful officer will be filled by Dr. Dixon, of Henderson, of whom much is expected. The funds remain with Dr. Larrabee.

The chairman of the publication committee made his report explaining the shortcomings of last year. As there are now plenty of funds on hand it is not probable that worthy papers will be left out in this volume. An unexpended balance of \$170 was turned over by vote of the Society to the McDowell monumental fund, and an additional sum was taken from this year's subscription to pay its full debt.

The president's address from Dr. Todd was on Sanitary Legislation, and was well received and favorably criticised.

On the evening of the 16th of May the dedicatory exercises of the McDowell monument were held in the Second Presbyterian Church. An account of these appears in another place. After the exercises a number of entertainments were attended by the members. Receptions were given by Judge Durham, Dr. McKee, Dr. Johnson, and Gov. McCreary at the Institute for Deaf Mutes.

On the 17th most of the members scattered for their homes.

Too much praise can not be given to Dr. Lewis McMurtry, the chairman of the committee of arrangements, for the admirable manner in which he provided for the meeting and for the welfare of the guests. Certainly hereafter when the success of any session will be discussed it will be compared with the one which was held in Danville in 1879.

With the admirable papers lingering in their heads, the cordial greetings which had been interchanged with widely-separated members in their hearts, with recurring visions of the beautiful town and its hospitable inhabitants before them, with the view of the fertile fields through which the train homeward was sweeping, over the bridge swinging steeple high in air, past the shaft at Lexington telling of the matchless statesman, by the column at Frankfort recording the names of heroes asleep on a hundred fields, and remembering the stone they had just laid over the one at Danville whose fame shall never die—surely were they right who thought that great was Kentucky and the Medical Society thereof. And John B. Gough himself could not gainsay it, that they pledged it, in the ice-water of Kentucky, "fired and coppered," and only equaled by the women, the horses, and the men of the state beneath whose sunshine and whose moonshine it is distilled.

DR. L. P. YANDELL sailed for England in the *Bothnia* on Wednesday last. He expects to be gone during the summer months, and will spend his time principally in Great Britain, though he will pass a few weeks on the Continent.

Dr. Yandell has gone in search of health, which has suffered from repeated malarial attacks during the last year or so. We trust that the balmy airs and kindly fellowship of Great Britain, which worked such wonders in his brother last year, will soon restore our colleague to his wonted vigor, and that

he shall return to us safely after a pleasurable and profitable journey.

Dr. Yandell will continue his contributions to the *News* in the way of letters from abroad, to which we must all look forward with great interest.

THE chair of Theory and Practice in the Ohio Medical College, which was made vacant by the resignation of Prof. Roberts Bartholow, has been filled by the appointment of Prof. James T. Whittaker, who is transferred from the chair of Physiology in the same institution. If Prof. Whittaker is as good in the lecture-field as he is in the field of journalism and book-making (and we hear he is), the appointment is an admirable one, and the chair of Practice in the Ohio Medical College shall lose nothing, though the school may, in the removal of Prof. Bartholow to Philadelphia. With youth and strength and opportunity on his side, our prophecies go hand in hand with our wishes for the honor and usefulness of Prof. Whittaker's career.

A NOTICE of the exhibitors at Danville is necessarily left over until next number.

Correspondence.

TRIPLETS.

To the Editors of the Louisville Medical News:

On December 12, 1878, I was called to see Mrs. D., aged about forty years, the mother of seven or eight children. She had given birth to twins ten years ago. She was complaining of pain at the symphysis pubis, in the inguinal region, and of weakness of the back. She could not stand upright or walk about the room without help. Her labor-pains were increasing in strength and frequency. Her abdomen was very large, and was smooth during a pain. Upon examination I found her in the first stage of labor, membranes unruptured, os and other parts soft and dilatable. The child presented in the first cranial position. The labor was nor-

mal, and the first child was born at 6:30 P.M. There was no hemorrhage, not a stain, after the birth of the first child.

When Mrs. D. had rested about an hour the pains began again, and the second child was found presenting by the hand and head. This hand complication impeded the progress of the labor very much, which I succeeded in rectifying by pushing the arm upward so as to allow the head to descend. This child also presented in the first cranial position. Labor was normal; birth at 11:30 P.M.

The mother rested very little. Uterine action set in again, and the third child was found presenting by the feet. All went on very well till the child was all born but the head, when suddenly the pains all ceased, and there was some uterine hemorrhage. Mrs. D. complained of feeling very faint. I gave her a little toddy and some ammonia to smell, also twenty-five drops fluid extract of ergot, and had cold wet cloths applied to the abdomen over the womb.

In the meantime I was engaged in delivering the child, as its life was in imminent danger from pressure of the cord, the three cords having gotten together upon the side of the child's head next the sacro-iliac synchondrosis had plugged the way completely and stopped the funic pulsation. Gentle traction was made on the child in the direction of the axis of expulsion, without effect. I then introduced my fingers to its chin and mouth, and soon effected its delivery. This took place an hour and a quarter after the birth of the second. The last child was lifeless and could not be resuscitated.

The uterus still remained quiet. Postpartum hemorrhage was becoming alarming and the placenta not expelled. I gave twenty-five drops fluid ext. of ergot with one dram of tinct. viscum album, and tried to deliver the placenta by Credé's method, but did not succeed. I then introduced my hand into the uterus, delivered the placenta, turned out the clots; kept my hand in the womb and used friction externally with the other hand, and the uterus soon contracted firmly and expelled my hand.

Mrs. D. now complained of feeling cold and faint. She was put in a warm bed, head low, and fifteen grains of cinchonidia with a little toddy were administered. She soon felt better, and was troubled no more with hemorrhage.

The three placenta were united, but were plainly marked by their color. Each placenta had its cord. Each fetus had its sac

and liquor amnii. There seemed to be as much water in each sac as there is usually in a single birth.

The three children were boys, and all well formed. The first weighed eight pounds and the second seven pounds; the third was not weighed, but was as large as the second. The aggregate net weight was twenty-one or two pounds. The two living children are healthy. The mother made a good recovery.

GLENFAWN, TEXAS.

W. D. HOLLEMAN.

Reviews.

The Diseases of Live Stock and their Most Efficient Remedies; including Horses, Cattle, Sheep, and Swine. Being a popular treatise, giving in brief and plain language a description of all the usual diseases to which these animals are liable, and the most successful treatment of American, English, and European veterinarians. By LLOYD V. TELLOK, M. D. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1879.

Horses, after brains and books, stand next in importance to the medical man.

The average horse-doctor is an ignoramus and an ass—often a charlatan and a scamp. In the cities, or at least in some of them, cultivated and capable veterinary surgeons are to be found, but every physician should be capable of attending to his own horses in case of sickness. Their diseases are very similar to those of mankind, and they are similarly affected by medicines. This work, published by Dr. Brinton, of Philadelphia, should be in the hands of every physician and farmer. It is full of practical, useful information.

Books and Pamphlets.

ESSAYS IN SURGICAL ANATOMY AND SURGERY. By Jno. A. Wyeth, M. D., Member New York Pathological Society, etc. New York: Wm. Wood & Co., 27 Great Jones St., New York, publishers. Pp. 262.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in Medical Department of the University of New York. Wm. Wood & Co., publishers, New York. Pp. 386.

HINTS IN THE OBSTETRIC PROCEDURE. By Wm. B. Atkinson, A. M., M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia; Lecturer on the Diseases of Children, Jefferson Medical College, Philadelphia. D. G. Brinton, 115 South Seventh Street, Philadelphia, publisher. Pp. 121.

A MANUAL OF THE EXAMINATION OF THE EYES. By Dr. E. Landolt, of the Ophthalmological Laboratory at the Sorbonne, Paris. Translated by Swan M. Burnett, M. D. Philadelphia: D. G. Brinton, 115 South Seventh Street, publisher. Pp. 307.

CHEMISTRY: GENERAL, MEDICAL, AND PHARMACEUTICAL. By John Attfield, M. A. and Ph. D., of University of Tübingen, Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. Eighth edition, revised by the author. Henry C. Lea, Philadelphia, publisher. Pp. 697.

A GUIDE TO THE QUALITATIVE AND QUANTITATIVE ANALYSIS OF THE URINE. By Dr. C. Neubauer, Professor in Chemical Laboratory in Weisbaden, and Dr. J. Vogel, Professor of Medicine in University of Halle. Translated from the seventh German edition. Wm. Wood & Co., New York, publishers. Pp. 551.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

Address the publishers,

JOHN P. MORTON & COMPANY,
Louisville.

Miscellany.

EIGHT HUNDRED MILES TO DINNER.—The times seem to belong to McDowell and Gross, with a slight dash of Kentucky. We therefore reproduce this week the admirable speech of Dr. D. W. Yandell at the complimentary dinner given by the profession of Philadelphia, a few weeks since, to Dr. Gross. Dr. Yandell is particularly happy in his post-prandial efforts. We advise him, however, to "go to the country" upon this. It is doubtful if he can surpass it, and the closing toast can not be surpassed.

In response to the sentiment of "Our invited guests," Dr. Yandell said:

"*Mr. Chairman:* When the invitation came to unite in this offering I was deeply touched. It revived memories of my student-life when as the pupil of your guest I came before him for examination for the doctorate now thirty-three years—a generation—ago. The teachings of that period have remained a part of my life. The method, the system which the

great master observed, as in his earnest way he gradually unfolded to the minds of his hearers the grand truths which lie in the upper planes of surgery; the painstaking, conscientious care with which he infused interest into the dry details of his subject, his fiery zeal, his never-flagging industry, and, better than all this, the solemnity with which he declared that to be a truly great physician it was essential to be at the same time a truly good man. All of these are as fresh to me this evening as when I made one of his hearers, now so long ago.

"Mr. Chairman, I obeyed the summons to be here with alacrity. I came with pleasure. Nay, more, I came with feelings akin, I fancy, to those which animate the pilgrim as he turns his footsteps toward the tomb of the Prophet. With fitting reverence, sir, I stand in this august presence. I come, sir, as the humble representative of a great people, the people of Kentucky, who send you greetings on this auspicious occasion. I come empowered by them to lay at the feet of your illustrious guest the homage of that renowned commonwealth. I come to wish him yet many years upon the earth, and to say that, though his name and fame have become a common heritage, Kentucky still claims them as peculiarly her own, since it was in her borders that he laid the foundation of a reputation which has not only irradiated this continent, but has penetrated wherever civilization is known or surgery is cultivated as a science. I feel, Mr. Chairman, that it is an honor to be called on to speak on such an occasion and for such a people—a people who have given to statesmanship a Clay, a Lincoln, and a Breckinridge; to arms, a Johnson, a Preston, and a Buckner; to surgery, a McDowell and a Dudley. A goodly company! Stately names! Would you think me as exceeding the limits of good taste if I added, and chief among all these is that of him who bears the mark of our guild, Ephraim McDowell? For, sir, will not the labors of the statesman give way to the pitiless logic of events, the voice of the orator grow fainter in the coming ages, and the deeds of the soldier eventually find place but in the library of the student of military campaigns, while the achievement of the village surgeon, like the widening waves of the inviolate sea, shall reach the uttermost shores of time, hailed of all civilizations as having lessened the suffering and lengthened the span of human life.

"Again, would you think me very far wrong

were I to couple the victorious issue of the late war and the operation of ovariectomy as in different fields, the two most stupendous events of modern times? Sir, both are to be credited to Kentuckians. Mr. Lincoln effected the one, and Dr. McDowell accomplished the other. Nor yet, in my opinion, do the two achievements admit of comparison. Powerful cabinets, far-seeing ministers, renowned captains, a daring and multitudinous soldiery, a rich, a steady, a united, and a persistent people contributed to the success of the former. Its glory was won amid the blare of trumpets, the groans of men, the shock of contending armies. The glory of the other belongs to but one man—is single and indivisible; was won amid the smiles of fair women, and by the cunning of a single hand which, unaided and alone, plucked victory from an enemy which before McDowell's time had defied all that was subtlest in art and repulsed every assault of science.

"But, sir, I must fain have done. I feel that it is good to have been here. I shall return to my people and recount to them what I have seen and what heard, and report to them what I now offer in their name: To our guest, the illustrious son of Pennsylvania, the foster son of Kentucky, who to the nimbus which ever encircles great deeds has added the milk-white flower of a stainless life."

As he resumed his seat, Prof. Gross rose, and with much emotion delivered this message:

"My illustrious pupil, carry my best respects back with you to the people of that state, and assure them of my undying attachment to the men and women, and most of all to their homes. After an absence of nearly a quarter of a century, my heart quickens at the recollection of my early home among them. May God preserve Kentucky and its warm-hearted people."

Dr. Yandell's charming speech was transmitted to the American Practitioner in an equally charming letter. We can give but its conclusion:

"In another minute I was gone and thereby missed the other toasts and speeches, and in an hour was on my way to Louisville. Perhaps you may think I cut it a *leettle* fat from the sirloin of Kentucky, and may be I did. But it is too late to better it now. What's writ is writ. All Kentuckians are somewhat weak on the beauty of our women, the stature of our men, the speed of our horses, the size of our shorthorns, and the

purity of our Bourbon. Laugh at us if you will, but we can't help it. 'It is Marks' way.' So here's many happy returns of a like anniversary to you—and you—and you. As Elia said, 'Do not we know one another? What need of ceremony among friends? We have all a touch of *that same*. You understand me.' And though none of us can hope to rival the venerable and beloved surgeon of the 'Jefferson,' still each of us, in his own field and in his own way, may have communities to respect us while living, and lament us when dead. — said, a good while back, '*Odi Persicos puer!*' I don't, my boy. I like dinners."

BODILY WATER AND HEALTH.—Professor Jäger, of Leipsic, has recently published a work in which he maintains that an increased proportion of water in the tissues and humors of the body is one of the most essential conditions of liability to disease. To guard against disease, therefore, it is necessary to make the body yield as much water as possible through skin and lungs, and to avoid all that favors the accumulation of water. To this end he recommends the wearing of close-fitting woolen clothing throughout the year; all bodily movements which promote perspiration; on outbreak of disease the use of vapor or sweating-baths, of drinks that excite perspiration, and of foods that do the same; constant ventilation of sitting- and bed-rooms, so that the moisture of the air may not become great.—*Med. Times and Gazette.*

THE MEDICAL ASPECT OF FASTS AND FESTIVALS.—Apart from the religious and disciplinary moral aspect of fasts and festivals, there is the physiological or moral. In days when the food of the people was in its several classes monotonous, and therefore wearying from the sense of sameness—being scanty and poor among some orders and conditions of men, among others redundant and too rich—the strict observance of occasional fasts and feasts was decidedly advantageous. The use of fish in Lent at once encouraged the fishermen and ministered to the nutrition of the people. The season of abstinence, at that time rigidly enforced on the most licentious with dreaded pains and penalties, was not without its uses, while the merriment and high feeding of carnival-time, although too often amounting to an orgy, were on the whole beneficial. The conditions of life are now changed, and the physiological advantages of prescribed ab-

stiness and almost enjoined excesses are not so apparent, nor indeed do the mandates of Mother Church generally command obedience. Nevertheless we are not disposed to regard these systematic departures from the ordinary course of life as unworthy of adoption. In one form or another all except the most robust livers probably take measures to secure an occasional change of diet even in these days of composite dishes and ever-diversified meals. To those who have not the opportunity of arranging their food-supplies in conformity with a preconceived scheme of health, the fasts and festivals of the Church may prove convenient auxiliaries. This is probably in part the unconscious reason why these observances have not been suffered to die out under the blighting influence of that scepticism which grows with the national growth, and even seems to exceed it in rapidity and proportionate dimensions.—*London Lancet.*

THE POISONED VALET.—King Louis Philippe was, it seems, in the habit of physicking himself on the last day of each month, and upon the evening before had brought to him a basin of cold broth, in which he mixed his castor oil *secundum artem* ready for the early morning. In the middle of one night some one attached to the palace rushed consternated into the post at the Tuileries, which in those days was occupied by the National Guard, exclaiming, "Is there a doctor here?" "I am a doctor," replied the captain. "O, doctor, an attempt has been made to poison the King, and a servant who drank the potion prepared for his Majesty is now dying amidst excruciating tortures." "Take me to him and awaken the king." On the doctor being taken to the bedside of the unfortunate valet, the latter, on seeing the captain, cried out for mercy and a priest. The king arrived almost immediately, and the case was explained to him. "Pardon me, sire," exclaimed the dying man, "it is I who drank the fatal poison, but I have saved the king's life. O, sire, do not forget my wife and orphans." "*Gourmand,*" exclaimed the king, smiling, you will do very well. It was most excellent castor oil you swallowed, and you must let me know how it acted."—*Union Med.*

CREMATION is gaining ground upon the Continent. The government of Hamburg has decided to introduce it optionally in that town. The system is to be the same which has been adopted in Gotha.

DISRESPECTFUL.—Just as the tortoise on the first sunny day of early summer rouses himself from his winter's sleep, so that venerable body, the College of Physicians, at this season of the year languidly bestirs itself for a brief period, testifying that some remains of vitality still exist in the body corporate. This season of activity commences with the delivery of a few lectures and ends with a *conversazione*—altogether a period of about three months, during which time a president is elected or re-elected and the names of a few new fellows are added to the college-roll. The utter stagnation that characterizes the whole proceedings of the college, and the little importance attached to its deliberations by outside members of the profession, are deplorable, and illustrate the fate awaiting public institutions which abandon themselves to a policy of routine and senility.—*London Lancet*.

STRUCTURE OF THE CORNEA.—M. Ranvier has of late been devoting much time and care to the study of the structure of the cornea. He communicated the results of his observations to the Société de Biologie at a meeting on February 8th. According to him the corpuscles of the cornea can not be seen in the normal eye of a living animal; they only appear when the eye in question has been kept for some time in aqueous humor. If the cells of the cornea become visible under the influence of steam, this is due to imbibition by the membrane. The fibers of the cornea are very hygrometric. A bull's eye, if plunged into distilled water, will increase in diameter several times.—*British Med. Jour.*

ARSENICAL WALL-PAPER POISONING.—At the last meeting of the Medical Society, on 7th of April, an interesting discussion was raised on the ill effects of arsenical wall-papers, after a paper contributed by Mr. Jabez Hogg. Among the speakers was Mr. Carr, C. E., who said that bright colors can be produced without the aid of arsenic, although it is employed in many manufactures in which its use is not suspected. He considered that dangerous articles of this kind should not be sold without a license or notice of their employment. He cited the occupation of green-japanning of tea-canisters as highly dangerous, many of those employed in the trade being soon obliged to give it up. The color used in green Venetian blinds is arsenical, and when the paint becomes decayed the particles of color fly

off each time the blinds are moved. He also referred to the dangerous ingredients used in some other in-door paints. He urged legislative interference in the trades in which these dangerous colors are used, and felt confident the government would interpose in this matter if applied to in a proper manner. Among other speakers both Mr. Malcolm Morris and Dr. Brookfield related how they had personally suffered severely from arsenical poisoning due to house-painting, and eventually, upon the suggestion of the first-named gentleman, it was resolved to form a committee for the purpose of organizing a deputation to the government.—*London Lancet*.

A NEW DEPARTURE.—At the commencement of the University of Pennsylvania this year a striking feature of the ceremony was the appearance for the first time in Oxford caps and gowns of the professors and members of the graduating class; the *tout ensemble* being picturesque to a degree in comparison with the varied and informal costumes ordinarily displayed on these occasions.—*St. Louis Courier of Medicine*.

A FORERUNNER OF DEATH.—Dr. Chiappelli says, in *Lo Sperimentale*, that he has frequently noticed in patients who were apparently very far from death an extraordinary opening of the eyelids, so as to give the eyes the appearance of protruding from the orbits, which was invariably a sign that death would occur within twenty-four hours. In some cases only one eye is wide open, while the other remains normal; here death will not follow quite so rapidly, but in about a week or so. It is easy to observe this phenomenon when the eyes are wide open; but when, as is generally the case, the eyes are half shut and only opened from time to time, it will be found advisable to fix the patient's attention upon some point or light so as to make him open his eyes, when the phenomenon will be seen. The author is utterly at a loss to explain this symptom, and ascribes it to some diseased state of the sympathetic nerve.—*British Med. Jour.*

LIVERPOOL will not be outdone by London. Here plaster of Paris was sold as flour; but in the city of Liverpool recently one thousand and seven bags of rice meal were seized which were found by the public analyst to contain fully fifty per cent of ground marble, granite, and lime.—*London Lancet*.

Selections.

THE CURE OF HEMORRHOIDS BY THE HYPO- DERMIC SYRINGE.

Edmund Andrews, A. M., M. D., in Cincinnati Lancet and Clinic:

In a former number of this journal I published the secret method of certain itinerant "pile doctors" and asked for information from all physicians who had any knowledge of the practical results of the treatment. This request, supplemented by other inquiries, has brought me responses from about three hundred physicians, and given me more or less knowledge of the results of over three thousand three hundred cases treated by the new method. From the material thus collected I am able to present the following history:

History of the Operation.—In the year 1871 there lived in the village of Clinton, Ill., a physician named Mitchell. His practice being small, he employed his superabundant leisure in planning a new treatment for hemorrhoids. He was a good thinker and soon conceived the idea of charging a hypodermic syringe with equal parts of carbolic acid and olive oil, and injecting the contents into the hemorrhoidal tumors. He also devised another and totally different plan, which was to take two large needles with triangular points, like those used by saddlers, and then to pick the piles to pieces little by little with the needles. Mitchell himself is said to prefer the needle operation, and several others have adopted it from him, but the plan of injections has proved by far the most popular with others, and had recruited in a quiet way a surprising number of operators. The secret was sold from man to man, and the price and the enthusiasm rose simultaneously. "State and county rights" to practice it were vended at high rates, reaching, in one instance, the sum of \$3,000. Regular physicians abandoned their practice and even mortgaged their property for money with which to buy the secret and set themselves up as itinerants, while ignorant laymen joined in the rush, until they filled the whole West with their clamor, and at last whitened the sands of the Pacific shore with their handbills.

The chief managers of the business settle in the larger towns in winter, where they advertise and practice; but as spring advances, to the time when the wild geese begin to fly, they feel the migrating instinct and go from place to place, selling the secret to all who will buy it, and operating meanwhile on the people of the farms and villages. In this way they have treated more than ten thousand patients in the states west of the Alleghany Mountains. A secret so extensively sold always gets out. Three years ago I discovered and published it, thus putting a check on the business of selling, and inducing large numbers of the regular profession to try the plan among their patients. These physicians have furnished me my best information, but I also opened communication with the principal itinerants themselves, and induced several of them to come out frankly and tell what they knew, and by checking one statement against another, was able to sift out pretty well the few attempts at deception.

The Method of Injecting Piles.—Mitchell's original plans have excited widely-extended thought and experimentation among his followers, so that his two methods have branched out into numerous varieties. The original injection seems to have consisted

of equal parts of crystallized carbolic acid and olive oil. The operator exposes the piles to view and smears the anus with an ointment to prevent smarting in case the fluid should chance to drip. He then takes a sharp-pointed hypodermic syringe charged with the carbolized liquid and slowly throws a few drops into one of the piles. The pipe is kept in the puncture a few moments to prevent the fluid from running out, and to allow it to become fixed in the tissues. The pile turns white, and in the most successful cases withers away without pain, suppuration, or sloughing. Only one pile is treated at a time, and about a week is allowed between the sessions, until all are cured. The itinerants often advertise their method as "painless," but as a matter of fact, only about one patient in four gets any thing like exemption from pain. Most of them suffer a sharp temporary smarting, and a few have a terrible and prolonged agony. The majority are cured, however, without interrupting their business.

Modifications of the Original Plan.—The original plan has sprouted into numerous varieties. Instead of using olive oil as the excipient, many prefer glycerine. Then every operator has his favorite degree of strength. Several claim that the stronger the fluid the better it is, and actually inject crystals of carbolic acid melted by heat, while others use mixtures varying in strength all the way down the scale, until we find Dr. Weirs, of New York, experimenting with one part of acid to twenty or thirty of the solvent. The dose injected varies in like manner. Some advocate great caution, and only put in from one to three drops, while others cram the pile with a syringeful and seek to make it suppurate or slough. I find two men using creosote instead of carbolic acid, and several add anodynes, such as morphine, chloral, or iodoform. Ergotine is also a favorite injection, and a great number of mixed formulæ have been imparted to me, some of them containing five or six ingredients. Mr. Colles, of Dublin, injects muriated tincture of iron. Dr. Hill, of Bloomington, Ill., and Dr. Drake, of Hastings, Mich., use the iron persulphate, while others have tried tannin, chromic acid, tincture of iodine, etc. One intelligent itinerant, who writes in a very straightforward and manly tone, says that he has experimented with almost every coagulating agent in the vegetable and mineral kingdoms, and his preference is for carbolic acid used as strong as possible. He adds the following remarks: "The difficulty with all remedies except carbolic acid is the suppuration being limited to a small portion of the tumor, or, like the preparations of iron, causing the tumor to swell and become very painful. Carbolic acid is, so to speak, used up in cooking the blood throughout the entire tumor. The appearance of the pile in from five to twenty seconds shows such to be the fact. Suppuration takes place in three or four days with sloughing. No danger of hemorrhage."

Results of Treatment by Injection.—The results of these numerous methods of treatment may be summed up as follows: In the first place the needle operation has never become a favorite. I can learn of only five persons who make much use of it. The following case was probably treated in that way. The patient, a plethoric man of forty-five years, went to a quack in Chicago, and, as a result, a varicose hemorrhoidal vein was widely opened. He says the blood gushed out freely, but after some trouble was arrested through the application of means not clearly understood by him. He then returned home in great

agony, and sent for his family physician, who in turn called me in counsel. The family physician took off sundry cloths and compresses and found a large opening in a vein plugged with a vial-cork. The quack, I presume, tore open the thin walls of a dilated vein and, being driven to his wit's end by the gush of blood, finally concluded to cork up his patient like a demijohn.

My informants agree that the injection method seldom fails to cure the disease, but they report some serious disasters. The writers know of about three thousand three hundred and four cases treated in their vicinities by these methods, and though they can not always give exact numbers and details, yet the circumstances are such that a case of rapid death from the treatment could not be concealed, though minor troubles, such as pain, sloughing, etc., might frequently escape their notice. It is probable therefore that the list of deaths is pretty complete, while the figures giving minor accidents are too small.

List of Accidents.—Deaths, 9; embolism of the liver (suspected), 8; very dangerous hemorrhage, 5; less dangerous hemorrhage, 5; carbolic acid poisoning (recovered), 1; sloughing (generally but not always confined to the piles), 23; abscess (of the liver), 1; severe inflammation, 10; violent pain, 83; stricture of the rectum, 2; permanent impotence, 1; long sickness in bed (two weeks to six months), 6; relapsed, 7; failed of cure of the piles, 11; sundry other accidents, 12; total, 184.

The cases of sloughing and suppuration of the piles are innumerable. Some itinerants use strong injections with the express purpose of producing these results, deeming that the plan of causing them to atrophy without suppuration lacks energy, certainty, and permanence.

This list shows that while the deaths are so few the risks in that respect are not greater than in other modes of treating piles, yet the minor accidents are very numerous. The imperfection of the reports renders a thorough study of the accidents impossible, but the following information has been gleaned:

One of the deaths was caused by inflammation, followed by immense abscesses, erysipelas, and pyæmia. The patient died on the fifth day.

Another death apparently resulted from embolism of the liver. That viscus nearly ceased its function, the stools were light-colored and scanty, the skin yellow, and all the lymphatic glands of the groins, axillæ, and neck became enlarged. A full dose of calomel always brought temporary improvement, but no permanent benefit. The patient lingered along and died unrelieved about one hundred days after the operation.

The next fatal case was that of a man eighty-four years of age. The person who injected the pile said it was "very large and very deeply seated." It was suspected that he mistook the enlarged prostate for a hemorrhoid. Be that as it may, the patient was attacked with violent pain and retention of urine, and, though relieved by the catheter, died the third day. There is no proof, however, that the prostate was injected, nor that it would be fatal if it were.

The fourth death was also attributed to injecting the prostate, but no symptoms are given.

The five remaining deaths are so vaguely reported that I am unable to give any particulars about them. It is not impossible that three of the reports refer to the same patient, and ought to be counted as one, in which case the whole number of deaths is only seven. This number of fatal results in three thousand three

hundred cases, treated often in the most reckless and ignorant manner, is certainly not large, and tends to show that the injection method is as safe as any other so far as life is concerned.

The same relative immunity appears respecting hemorrhage. Five dangerous cases of it are reported, but in most, if not all of them, it occurred from the foolhardy practice of allowing the patient to take at once long rides and walks, when he should have been in bed; but even with all this imprudence the hemorrhagic cases are fewer than are found after the use of the clamp and the ligature. Allingham reports more instances of hemorrhage after the ligature than I can find among all these cases of injection.

Apprehensions of the Operation.—The chief fear of the profession respecting this operation has been that embolism might occur. The two lower pairs of the hemorrhoidal veins are small and send their blood through the iliacs to the heart, but the upper pair is larger, and transmits most of the blood of the hemorrhoidal plexus through the inferior mesenteric vein to the liver; hence we should expect that the embolism, if it occurred at all, would be of the latter organ. The facts correspond to the suggestions of the anatomy, for not a single case is reported of a sudden death, such as proceed from clots swept to the heart and lungs, but there are eight instances of suspected embolism of the liver, only one of them died, and there was no post-mortem examination, so that positive proof is wanting.

The first is the fatal case of hepatic trouble already described.

The second was marked by an abscess of the liver, but the patient recovered.

In the third case the patient was attacked one hour after the injection with severe pain in the liver. After some time the pain was relieved, and no further trouble followed, but the physician feared to repeat the injection.

In the remaining cases it is simply reported to me that the patients after operation were attacked with disease of the liver, but did not die; no particulars were given. It is probable that in a portion of the cases the liver disease preëxisted, and was the cause of the piles, and not the consequence of the operation. On the whole, there does not appear to be any decided danger of embolism, if the case is carefully handled. I may mention here that Dr. Whitmire, of Metamora, Ill., practices tamponing the upper part of the rectum for twenty-four hours to prevent any eboli from moving in that direction.

Sloughing and suppuration of the piles generally follow large and concentrated injections, but not the small and dilute ones. A few cases only of extensive abscesses have occurred.

Accidents from Injection.—The most frequent of all accidents is the occurrence of severe pain. The verge of the anus is extremely sensitive, and injections put in near that circle were liable to produce fearful distress, but above the verge the sensibility rapidly diminishes, so that much less suffering is entailed by the injection of internal piles. In about one fourth of the patients the pain is very slight. Dr. Weirs, of New York, injected two series of patients, one with strong and the other with weak carbolic solutions, using in the latter only one part of carbolic acid to ten, twenty, or thirty of the excipient. He found that the pain and abscesses followed the use of strong injections, but were escaped when weaker ones were used. The remaining accidents in the list are not peculiar to this operation nor

greater in number than habitually occur in other methods. The operation was a new one, and its conditions of safety were unknown. When we consider that many of the operators were ignorant block-heads with no qualifications for the business except a bottle of carbolic acid and a hypodermic syringe, and with no idea of efficiency but to distend the hemorrhoidal plexus of veins with all the liquid caustic they could get into it, we shall not be surprised that a few deaths and some minor accidents have occurred. Had the method not been of itself an unusually safe one, these men would certainly have slaughtered their scores of victims, for the difference is world-wide between their ignorant injecting and cautious scientific surgery.

Rules for Injecting Piles.—If the following rules be observed I believe that the method of treatment by hypodermic injection will be less painful than any other, and at the same time equally safe:

1. Inject internal piles only.
2. Use the more diluted forms of the remedy first, and the stronger ones only in case these fail.
3. Treat one pile at a time, and allow from four to ten days between the operations.
4. Inject from one to four drops, smearing the surface with cosmoline to guard against dripping. Inject very slowly, and keep the pipe in its place a few moments to allow the fluid to fix itself in the tissues.
5. Confine the patient to bed the first day, and return him to it subsequently if any severe symptoms occur. Prohibit any but very moderate exercise during the treatment.

Piles under all treatments, as well as when left without treatment, are subject to possible hemorrhage. Allingham recommends the following method of applying the tampon for all cases where the bleeding vessel can not be promptly found and controlled: He takes a pretty large sponge and fastens a strong double string through its center. (He prefers a bell-shaped sponge inserted with the open end downward.) Having pushed the sponge up the rectum some inches beyond the bleeding-point, he fills the parts below with cotton dusted with powdered alum or persulphate of iron, and ties a stick across the finished tampon with the double string. By turning the stick around like the handle of a gimlet he twists and tightens the string, forcing the tampon firmly up against the sponge, and causing it to spread laterally and to compress the bleeding vessels. He advises to put in a large catheter with the tampon to give exit to the flatus. By the use of opiates the tampon is often tolerated several days.

My final conclusion is that the wild itinerants of the prairies have really made a valuable contribution to scientific knowledge, and that the cautious injection of hemorrhoids with carbolized solutions will remain as one of the permanent operations of surgery.

Case of Intermittent Tetanic Fever.—Fronmüller gives in the *Memorabilien für Prakt. Aerzte*, the following interesting account of a patient, aged twenty-six, who had been healthy all his life till about two years ago, when he had a severe chill, which was followed by an illness lasting four weeks; the principal symptoms of which, according to his account, consisted in periodically repeated convulsions, which proceeded from the spine. The next year he suffered from quotidian fever, was cured, but in the same year received a blow on the head which left a scar of about an inch long on the lower part of the left parietal bone. He was treated for scabies

in the next year, and after having been cured was imprisoned for some petty offense. During this latter period he complained of headache and pains in the side, and returned to the hospital. He was a weak, ill-nourished subject, of a livid complexion; he complained of cold, shivered, and spoke of wandering pains, especially in the head. These were ascribed to rheumatism, and he was treated accordingly. This happened on the 23d of April. On the night between the 24th and the 25th he was suddenly seized with opisthotonos and trismus, the lower extremities were kicking spasmodically, the eyes wide open, and he was unconscious and uttered inarticulate sounds; sensibility was extinct over the whole body. This paroxysm lasted for about fifteen minutes. He felt better the next morning, and only complained of the fifth to eighth spinal vertebra being tender on pressure. During the next two days seven similar paroxysms occurred mostly at night. They were not epileptic fits, as the thumbs were not drawn in; there was no froth on the lips; the patient's body was cold, and sensibility was extinct as before. From that time the paroxysms were reduced to a single one, which was repeated every evening with almost the same symptoms, and accompanied by rigor. The face was red, the eyes open, and the pupils moderately dilated. As all treatment had hitherto proved unsuccessful, it was resolved to treat the disease as an intermittent fever with quinine, which was given in doses of five decigrams three times daily. The paroxysms ceased, the patient felt better, and was soon able to leave the hospital. He subsequently informed the reporter that his native village was surrounded by ponds, and that malaria was rife there.—*London Medical Record*.

Lead-Poisoning from Beer.—A curious case of lead-poisoning lately occurred in my practice. A barman who had been only recently engaged at a large hotel, being the first down stairs in the morning, had been accustomed to draw and drink beer from an "engine" which had not been turned off or exhausted at the cellar the previous night. He stated that after he had pursued this practice for a week he experienced a sweetish astringent taste, and suffered from uneasiness of the bowels. These symptoms increased, and at the expiration of three weeks from the commencement of his engagement at the hotel, he was sent to me suffering from colic, a well-marked "lead line," and symptoms of paralysis in the left arm. On analysis of the contents of one of the pipes I found lead to the extent of 0.26 grain per gallon present.—*Dr. F. C. Hewett, in British Med. Jour.*

Erysipelas in the Puerperal Woman.—Dr. Hugenberger, in *Archiv für Gynaek.*, says that of 7,536 lying-in patients fifteen contracted erysipelas. Eleven times the redness and swelling started from the genital region; seven out of fifteen were primiparæ; seven times erysipelas complicated retention of membranes; in all cases swelling or ulcers and lesions of the genital tract were present before the attack of erysipelas. Which facts show that erysipelas in puerperio is not as has been claimed, a disease *sui generis*, but simply a complication depending on the infection of some lesion of the genital tract, just as after a wound of some other part. In H.'s wards 47.7 per cent died, which high rate also gives evidence of the intimacy existing between pyæmia (puerperal fever) and erysipelas.—*American Journal of Obstetrics*.